

INTEGRIS

PO Box 108801
Oklahoma City, OK 73101-8801
1-800-817-0549

CONSUMER NAME
CONSUMER ADDRESS
CITY, ST ZIP

IMPORTANT INFORMATION

Thank you for allowing us to serve your healthcare needs. You may also pay your bill online or sign up for paperless billing at: www.integrisandme.com Use activation code:

Patients may use INTEGRIS & Me to view their health information, medications, lab results, immunizations and pay bills.

Your Statement

This statement reflects a summary of charges for your visit(s) to INTEGRIS providers. Please check the information listed below carefully.

For Your Information

The following is an introduction of our payment policy options:

- Payment in Full.
- Payment in 3 equal monthly payments with no interest (90 days same as cash).
- If you wish to establish the 3 equal payment plan or need further assistance, please contact Customer Service at 1-800-817-0549

Contact Us/Questions

We want to be sure that our billing process is explained clearly to you. If you have any billing related questions, you may call our Customer Service Representatives at 1-800-817-0549, Monday—Friday from 7:30 AM—5:00 PM.

If you have questions about insurance plan benefits, deductibles and/or co-payments, you may wish to contact your insurance company.

Account Summary

Statement Date	DATE
Guarantor Name	CONSUMER NAME
Patient Name	PATIENT NAME

Open Accounts

Total Charges	\$
Total Adjustments	\$
Total Payments	\$

AMOUNT YOU OWE	\$
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PLEASE SEE REVERSE SIDE FOR INDIVIDUAL ACCOUNT INFORMATION

Financial Assistance

Please see reverse side for Financial Assistance policies.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

- Make checks payable to INTEGRIS
- Please write your guarantor number on your check.
- You may pay your bill online at www.integrisandme.com
- You may mail in your check or call toll free at 1-800-817-0549 to make payments.



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INTEGRIS

PO BOX 258877
DEPT # 88801
OKLAHOMA CITY, OK 73125

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CHECK CARD USING FOR PAYMENT		
MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>	VISA <input type="checkbox"/>
CARD NUMBER		
SIGNATURE		EXP DATE
STATEMENT DATE	DUE DATE UPON RECEIPT	GUARANTOR NUMBER
AMOUNT YOU OWE	SHOW PYMT AMOUNT HERE	
	\$	

Open Accounts (Not on Payment Plan)

Patient Account	Date(s) of Service	Service Provider/Location	Total Charges	Total Adjustments	Total Payments	Amount You Owe
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Total Amount Due

Payment Policy

In order for INTEGRIS to have the fiscal resources to serve the community's health needs, payment in full is expected within 30 days of receiving this statement.

Financial Assistance

We screen and treat patients without regard to race, color, national origin, age, gender, disability, religion or source of payment for care.

If you can't pay, you may qualify for assistance. Financial assistance is based on your income, family size, and the amount you owe. We'll need some financial information from you to determine if you're eligible. If you want to know more, contact Customer Service. 1-800-817-0549 Monday - Friday from 7:30 AM to 5:00 PM.

Copies of the Financial Assistance Policy and Application may be found at:
<https://myintegris.accelpayonline.com/FinancialAssistance2.aspx>